

INSURANCE INFORMATION FOR LEASED PREMISE

Your Agency: _____ Lease Number: _____
Check One: ☐ New Lease ☐ Renewal Lease ☐ Other: Describe: _____
Agency Contact Name: _____ Contact Phone: _____
Contact E-mail: _____ Contact Fax: _____
Exact Street Address of leased premise ¹: _____ Town: _____ Zip Code _____

Check the type of construction that best describes the building:

- | | |
|---|--|
| <input type="checkbox"/> (1) Combustible (typically wooden buildings) | <input type="checkbox"/> (2) Masonry structures with combustible frames or interiors |
| <input type="checkbox"/> (3) Metal structures (all metal roof, frame and walls) | <input type="checkbox"/> (4) Masonry structures with masonry or metal framing |
| <input type="checkbox"/> (5) Buildings with a 1 to 2 hour fire resistive rating | <input type="checkbox"/> (6) Buildings with a 2 or more hour fire resistive rating |

Year of construction of building (if known or best guess): _____

Number of floors (do not count unfinished basement and attic) _____

Is there an unfinished basement? ☐ Yes ☐ No Is there an unfinished attic? ☐ Yes ☐ No

Approximate total area of building - do not include unfinished basement or attic: _____ sq. feet

Of the total area, approximate area that your agency occupies with this lease: _____ sq. feet

Number of elevators in building: _____ Does building have central air conditioning? ☐ Yes ☐ No

If your agency does not occupy 100% of the useable space in this building, this section must be completed.

Building Occupancy Type(s) - check as many as are applicable for this building:

- ☐ Auditorium (18); ☐ Classroom (2); ☐ Day Care (33); ☐ Dormitory (10); ☐ Gym (12); ☐ Laboratory (5);
☐ Maintenance Shop (6); ☐ Office (1); ☐ Retail (29); ☐ Staff Residence (11); ☐ Storage (3);
☐ Other. Describe: _____

Your agency's occupancy type (check one - only the most prevalent):

- ☐ Auditorium (18); ☐ Classroom (2); ☐ Day Care (33); ☐ Dormitory (10); ☐ Gym (12); ☐ Laboratory (5);
☐ Maintenance Shop (6); ☐ Office (1); ☐ Retail (29); ☐ Staff Residence (11); ☐ Storage (3);
☐ Other. Describe: _____

Building is: ☐ 100% Sprinklered ☐ Partially Sprinklered – state % _____ ☐ Not sprinklered at all

Building has a central station smoke detection system: ☐ Yes ☐ No

Building has a central station security system: ☐ Yes ☐ No

Building has an employee key card system: ☐ Yes ☐ No

Replacement cost insurance desired: Contents \$ _____ Effective Date: _____

Return this form to:

State of Maine, Risk Management Division, 85 State House Station, Augusta, ME 04333-0085

Questions? Call Patti Hayden at 287-3353

FOR RISK MANAGEMENT DIVISION USE ONLY

INSPBY: _____

INSPDATE: _____

¹ *STREET ADDRESS: Insurance companies are requiring detailed location information now. The "911" address assigned by towns is the most desirable address. Street numbers and names are needed where available. For example:*

UNDESIRABLE

Western Avenue

Rt 1

RR1, Box 100

Rockland Plaza

PO Box 100

DESIRABLE

607 Western Ave

302 Route 1

42 Route 1

373 Main St

30 Meadow Rd